

**ILLINOIS DEPARTMENT OF AGRICULTURE**

Bureau of Meat and Poultry Inspection

State Fairgrounds, P.O. Box 19281

Springfield, Illinois 62794-9281

Phone 217/782-6684

TDD 217/524-6858

**Application for License Under  
"The Meat & Poultry Inspection Act" 225 ILCS 650 et seq.****AGENCY USE ONLY**Est # Region Date Issued Check # Check amt Revenue Code 132**Type of Application:**☐ New ☐ Renewal ☐ Change of Owner ☐ Change of Location ☐ Other (specify)**Type of License:** (Check one box only) ☐ Broker

**Name of establishment:**

**Address:**

**City/Stat/Zip:**

**County**  **Email address**

**Telephone**  **Fax Number**

(If the plant has a RFD, P.O. Box or RR address, give a description of the exact location.)

**Applicant is:** ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other (specify)If a Corporation or Association, designate in which state incorporated **Name(s) of Legal Owner(s):**

(Corporations list corporate officer and all holders of 10% or more voting stock)

If more space is needed, attach additional sheets.

Name, Address, City, State and Zipcode	Social Security Number - Last 4 Digits OR EIN
Title (Indicate owner, manager, partner, etc)	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	

**Annual tonnage for all meat and poultry products distributed by licensee**

Business name, address, phone & other contact information may be published on the Illinois Department of Agriculture website.  
Please check the box to withhold publishing personal information.

☐ **This is a personal (non business) cell phone number/email address and I do not want it published.**

IMPORTANT NOTICE: This institution is an equal opportunity employer and provider.

**Over →**

The State of Illinois is an Equal Opportunity Employer. To assist in the accomplishment of Affirmative Action goals, we invite you to complete the following information. Completion of this information is not required. Check the appropriate box.

**Female**   **Male**

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**White** not of Hispanic Origin. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

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**Black or African American not of Hispanic Origin.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can also be used in addition to "Black" or "African American"

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**American Indian or Alaska Native** A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.

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**Asian** A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, but not limited to, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

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**Hispanic or Latin** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race.

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**Native Hawaiian or Other Pacific Islander** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Disability**   ☐ Yes   ☐ No

If any owner(s) or corporate officer(s) have been convicted of a felony in any Federal or State court, please describe the nature of the crime, the date of conviction, and the court where convicted. If none, write "None". If any owner or corporate officer has received a certificate of relief from disabilities, please attach a copy of such certificate.

#### Licensing fee:

The annual license fee of \$50.00 must be submitted with this application. A penalty of \$50.00 shall be assessed if renewal license applications are not received by July 1. Please make check, draft or money order payable to the Illinois Department of Agriculture. Do not remit currency. There is an option to pay your license renewal over the phone with a credit card. You would be required to fax your application to 217/558-6033 or scan and email your application to Natalie.Nichols@Illinois.gov and call the Compliance Office at 217/785-4709 with your credit card information.

**Certifications: Failure to check one of the boxes below may result in the Department refusing to process your application.**

1. According to the Illinois Administrative Procedures Act, each state agency must require license holders to certify the following: **I hereby certify, under penalty of perjury, that (please check one)**

☐

I am not subject to a child support order."

☐

I am not more than 30 days delinquent in complying with a child support order."

☐

I am more than 30 days delinquent in complying with a child support order."

Failure to so certify may result in denial of the application/renewal and making a false statement may subject the licensee to contempt of court (5ILCS 10/10-65(c)).

2. I hereby certify that if a license is granted under this application, I agree to conform to the Illinois Meat and Poultry Inspection Act and the Regulations pursuant, thereto.
3. "I hereby certify that the information contained herein is true and accurate to the best of my knowledge."

\_\_\_\_\_  
Name of Owner (Please Print or Type)

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

IMPORTANT NOTICE: Any person who believes he or she or any specific class of individuals has been subjected to discrimination by the Illinois Meat and Poultry Inspection Program or believes that the Illinois Meat and Poultry Inspection Program is otherwise in noncompliance with the provisions of an applicable civil rights requirement may file a complaint with the USDA Office of Civil Rights. A complaint has 180 days from the date of alleged discriminatory action or the time that they became aware of it to file a program discrimination complaint with USDA.

Director, Office of Civil Rights, U.S. Department of Agriculture, room 316-W Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 Telephone: (202) 720-5964 (Voice and TDD)